	Connectic	•					_			tion			
	Wa	ter Qua	lity Monit	toring a	nd Con	ıplia	nce S	chedul	e				
PWS ID	PWS Name					Classifi	ication P	opulation	lation Owner Type Primary Source				
CT0120014	A-ONE FOOD ST	ORE				N	С	25	F	•	GW		
Local Address	(where applicable)			Service	Residen	tial Co	mmercial	Industria	ıl Co	mbined	Agricultura		
140 WEST STR	REET			Connection	ns 1		1						
Towns Served	: BOLTON												
			Monit	oring Red	quireme	nts							
Water Syste	m Facility: DISTR	RIBUTION S'	YSTEM (WSF	ID: 00600)									
Total Colifo	rm (3100)							1	routi	ne (RT)	per quarter		
Sampling	g Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	llection Per			ance Status		
Select fro	om Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	9			Сс	mplete		
					10/1/19 -	12/31/	19			Сс	mplete		
					1/1/20 -	3/31/2	0						
					4/1/20 -	6/30/2	0						
					7/1/20 -	9/30/2	0						
Physical Par	ameters (PPS)							1	routi	ne (RT)	per quarter		
Sampling	g Point (Sampling P	oint ID)		Monitoring Period									
Select fro	om Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	9			Cc	mplete		
					10/1/19 -	12/31/	19			Co	mplete		
					1/1/20 -	3/31/2	0						
					4/1/20 -	6/30/2	0						
					7/1/20 -	9/30/2	0						
Water Syster	m Facility: ENTR	Y POINT (V	VSF ID: 00700)										
Nitrate And	Nitrite (NOX)								1 ro	utine (F	RT) per year		
Sampling	g Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	llection Per	iod	Compl	ance Status		
ENTRY P	OINT (3)				1/1/19 -					Cc	mplete		
					1/1/20 -								
					1/1/21 -								
		Water S	ystem Facil	ity and S	ampling	Poin	t Inven	itory					
Water							Tot						
•	ater System Facility	•	Sampling Point				Colife				Stage		
Facility ID		_	ID .	Description		Sta			lier A	spestos	WQP 2 DBP		
00600 DIS	TRIBUTION SYSTEM	1	4		ON SYSTEM		4 Y						
			DOWNSTREAM										
			UPSTREAM		ERVICE CON								
	TRY POINT		3	ENTRY POI	NI	<i>P</i>							
20224 WE			2	WELL		A	4						
61180 TRI	EATMENT PLANT												
			Cor	ntact Info	rmation								
Name			О	rganization					Jo	ob Title			
Ms. Angela Cr	espo							Property C)wner				
Mailing Addre	ess Line One		Mailing Addres	ss Line Two				City		State	Zip Code		
132 West St							Bolton			СТ	06043		
Business Ph	one Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ac	ldress					

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0120014	A-ONE FOOD STORE			NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
140 WEST STREET			Connections	1	1				
						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

Towns Served: BOLTON

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C 1: 1D		יו יו חי	ld D	. 1 .	YA					
	Connecticut D	•						ection			
		uality Monit	oring and C								
PWS ID	PWS Name			Clas				vner Type I			
CT0120054	BOLTON CONGREGATION	DNAL CHURCH			NC		25	Р	GW		
	where applicable)		Service Res Connections	idential	Comme	rcial I	ndustrial	Combined	Agric	ultural	
228 BOLTON CE			Connections		1						
Towns Served:	BOLION										
Maria Carlana	E. dia Distribution		oring Require	ments							
•	Facility: DISTRIBUTIO	JN SYSTEM (WSFT	D: 00600)				1				
Total Coliforn	n (3100) Point (Sampling Point ID)	1	Mon	itorina D	oriod	Collec	1 ro tion Period	utine (RT)			
	n Inventory of Active Sam			itoring P /19 - 9/30		Collec	tion Periot		<i>liance St</i> omplete		
Select II of	IT IIIVEITIOLY OF ACTIVE Sail	ipinig Politis		/19 - 9/30 /19 - 12/3		_			omplete		
				/19 - 12/3 /20 - 3/31					omplete		
				/20 - 3/31 /20 - 6/30					ompiete	•	
7/1/20 - 9/30/20 Physical Parameters (PPS) 1 routine (RT) per qual											
•	Point (Sampling Point ID))	Mon	itoring P	eriod	Collec	tion Period		liance St		
	n Inventory of Active Sam			/19 - 9/30					omplete		
00.0000.		8		/19 - 12/3	-				omplete		
				/20 - 3/31					omplete		
				/20 - 6/30					- 1		
				/20 - 9/30							
		Other C	ompliance Scl								
Compliance Sch	hedule Activity		•	Due l			Achieved	l Date			
CROSS CONNEC	CTION EXEMPTION			3/1/2	2016						
RESPOND TO SA	ANITARY SURVEY			3/11/	2020						
CORRECTIVE AC	CTION/CORRECTIVE ACTION	N PLAN		6/9/2	2020						
	Wate	er System Facili	ty and Sampl	ing Po	int Inv	vento	ry				
Water						Total	Lead and				
,	er System Facility	Sampling Point	Sampling Point		C	Coliform				Stage	
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2	2 DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYS	TEM	Α	Υ					
		BCC01	WATER TANK		Α						
		BCC02	CHURCH BATH SIN		Α	Υ	2	Υ			
		BCC03	KITCHEN CENTER S		Α		2				
		BCC04	LARGE KITCHEN SI		Α		2				
		BCC05	KITCHEN RIGHT SI		Α		2				
		BCC06	CLASSROOM 1 SIN		Α		2				
		BCC07	CLASSROOM 2 SIN	IK	Α		2				
		BCC08	LADIES LEFT SINK		Α		2				
		BCC09	LADIES RIGHT SINI	K	A		2				
		BCC10	MENS LEFT SINK		A		2				
			NATION OF DICHT CINIX		Α		2				
		BCC11	MENS RIGHT SINK				_				
		DOWNSTREAM	WITHIN 5 SERVICE	CON	Α		_				
00700 ENTI	RY POINT			CON			_				

Α

WELL

2

20228 WELL

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance :	Schedul	le	
DIA/C No. 22	Classification	Damulatian	O T	Dei

PWS ID	PWS Name			Classif	fication F	opulation	Owner Type	Primary Source
CT0120054	BOLTON CONGREGATIONAL CHURCH			N	VC	25	Р	GW
Local Address	Service	Resider	ntial Co	ommercia	Industri	al Combine	ed Agricultural	
228 BOLTON O	Connections			1				

Towns Served: BOLTON

Water System Facility and Sampling Point Inventory

water		lotal Le	eaa ana
System Water System Facility	Sampling Point Sampling Po	oint Coliform (Copper Stage
Facility ID	ID Description	Status Rule R	Rule Tier Asbestos WQP 2 DBPR

61779 TREATMENT PLANT

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

 Facility Classification:
 SMALL WATER SYSTEM
 Certification

 Operator Name
 Operator Type
 Certification(s)
 Expiration

 NAVICKIS, THOMAS L.
 CHIEF OPERATOR
 WATER TREATMENT PLANT OPERATOR - CLASS I
 6/30/2021

Contact Information

Organization	Job Title
Bolton Congregational Church	Board of Stewardship

Mailing Address Lin	e One		Mailing	g Address Line Two		(City	State	Zip Code	
228 Bolton Center I	Road					Bolton		CT	06043	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addr	ess			

860-649-7077 860-836-5308 RBOBBCT@GMAIL.COM
Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Name

Mr. Randall Bobb

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule															
		Wat	ter Oua	litv M	onit	oring a	nd Cor	nplia	nce	Sch	edul	e			
PWS ID	PWS	Name	2010			0				1			er Type	Prima	ary Source
CT0120064		ON ICE PAL	ACF						IC	-	25	· · · ·	P		GW
Local Addres			7.02			Service	Resider		mmerc	1	ndustri	al	Combine		gricultural
145 HOP RIV		аррисавіс)				Connectio		iciai co	1	101	1445611			J 7.	Bricarcarar
Towns Serve		N													
				D/	lonit	oring Re	auiroma	ntc							
							quireine	:1165							
Water Syste		•	IBUTION S	YSTEIVI (WSFI	D: 00600)									
Total Colife	-	-								- "			tine (RT)	-	-
		Sampling P					Monitor			Collect	tion Pe	riod			e Status
Select fr	rom Inver	ntory of Acti	ve Sampling	g Points				- 9/30/1				-		omp	
							10/1/19						C	omp	lete
							- 3/31/2								
							- 6/30/2								
51 1 15		/pps\					//1/20	- 9/30/2	:0				/5=1		
Physical Pa		's (PPS) Sampling P	nint (D)				0.4 :	ina Davi		Ca 11 a at	1 ion Pei		tine (RT)	-	-
		ntory of Acti		- Doints			Monitor 7/1/10	ing Peri - 9/30/1		Jonect	ion Pei	rioa		omp	e Status
Select II	om mver	ILOTY OF ACLI	ve Sampiing	g Politis			10/1/19							omp	
								- 12/31/ - 3/31/2						onip	iete
								- 6/30/2 - 6/30/2							
								- 9/30/2							
Water Syste	am Facili	tv. FNTR	/ DOINT /\	WSE ID: 0	וחסחו		7/1/20	3/30/2	.0						
Nitrate And		•	1101111 (1	7431 10.0	0700,							1 .	routine (DT\	nor voor
		Sampling P	oint ID)				Monitor	ina Dari	od (Collect	tion Pe		_		e Status
_	POINT (3)	Sumpling P					1/1/19 -			Jonect	ion rei	iiou		omp	
LIVITATI	Olivi (3)						1/1/20 -							OIIIP	ictc
							1/1/21 -								
				O+1	- O " C	omelion			21						
				Oti	ier C	omplian	ce sche								
Compliance S								Due Da			Achie	ved l	Date		
CROSS CONN	IECTION E							3/1/201							
			Water S	ystem	Facili	ity and S	Sampling	Poin	t Inve	ento	ry				
Water										otal	Lead	and			
- /	ater Syst	em Facility				Sampling I				liform					Stage
Facility ID		011 01/0751		ID		Description			itus	Rule	Kule	Her	Aspestos	WC	QP 2 DBPR
00600 DI	ISTRIBUTI	ON SYSTEM		4			ION SYSTEN		4	Υ					
						WITHIN 5			Δ						
00700 51	UTDV DOU	.		UPSTR	EAIVI		SERVICE CO		4						
	NTRY POII	NI		3		ENTRY POI	NI		Δ						
	/ELL	51 IN 44 TIG T	N. N. I. Z	2		WELL		- /	4						
57629 H	ז טאט PNI	EUMATIC TA	AIVK												
					Con	tact Info	ormatio	1							
Name					0	rganization							Job Title		
Mr. Charles I	Morris			1	Во	olton Ice Pal	lace			Pre	esident				
Mailing Addr		One		Mailing	Addres	s Line Two	Two City State Z			Zi	o Code				
145 Hop Rive		Т		P O Box					Boltor				СТ	C	06043
Business Pl	hone	Extension	Fax		Mobi	le Phone	Emergenc	y Phone	Email	Addre	!SS				

(Connectic	ut Depa	rtment	of Public	c Health	ı Drii	nking	Water	Section	n		
	Wa	ter Qua	lity Mon	itoring	and Con	nplia	nce S	chedul	e			
PWS ID	PWS Name					Classif	ication [Population	Owner Ty	pe Pi	rimary Sourc	
CT0120064	BOLTON ICE PAL	.ACE				N	С	25	Р		GW	
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	I Industria	l Comb	oined	Agricultura	
145 HOP RIVER R	OAD			Connecti	ons		1					
Towns Served: BC	OLTON				T	'			'			
860-646-7851												
Contact Role(s):	Legal Contact											
Name				Organization	1				Job ⁻	Γitle		
Mr. Robert Craw	ford			Bolton Ice Pa	alace, LLC			Owner				
Mailing Address L	ine One		Mailing Add	dress Line Two				City	Sta	te	Zip Code	
145 Hopriver Roa	d			Bolton			Bolton		C-	Γ	06043	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email A	ddress	·			
860-632-0323		860-632-2	2088				rcrawfo	rd25@gmai	l.com			
Contact Role(s):	Owner		'									
Name				Organization	1				Job 7	Γitle		
Ms. Kathleen She	ea .			Bolton Ice Pa	alace			Operations	s Director			
Mailing Address L	ine One		Mailing Add	ress Line Two				City	Sta	te	Zip Code	
6 Progress Drive							Cromwe	ell	C ⁻	Γ	06457	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phone	ne Email Address					
860-632-0323			86	0-878-1779	860-878	-1779	/9 kathleen.champios@gmail.com					
Contact Role(s):	Administrative	Contact										

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section										
Water Qua	lity M	onit	oring and	d Comr	olianc	e Sche	edule			
PWS ID PWS Name			<u> </u>					wner Type Pr	imary Source	
CT0120074 BOLTON MOBIL					NC	2		Р	GW	
Local Address (where applicable)			Service	Residentia	l Comm	ercial In	dustrial	Combined	Agricultural	
129 BOSTON TURNPIKE			Connections		1					
Towns Served: BOLTON					·	·				
Mater System Facility DISTRIBUTION S			oring Requ	irement	ts					
Water System Facility: DISTRIBUTION S	YSTEIVI (WSFI	D: 00600)				1	outing (DT)		
Total Coliform (3100) Sampling Point (Sampling Point ID)				Monitoring	Period	Collecti	ion Perio	outine (RT) p	ance Status	
Select from Inventory of Active Sampling	Points			7/1/19 - 9/		Concett	on reno	u compile	ance status	
	5 . 0			10/1/19 - 12	_			Co	mplete	
				1/1/20 - 3/					mplete	
				4/1/20 - 6/					'	
				7/1/20 - 9/						
Physical Parameters (PPS)							1 rc	outine (RT) բ	er quarter	
Sampling Point (Sampling Point ID)				Monitoring	Period	Collecti	ion Perio	d Compli	ance Status	
Select from Inventory of Active Sampling		7/1/19 - 9/	/30/19							
				10/1/19 - 12					mplete	
				1/1/20 - 3/				Co	mplete	
				4/1/20 - 6/	-					
				7/1/20 - 9/	/30/20					
Water System Facility: ENTRY POINT (V	WSF ID: 00	0700)								
Nitrate And Nitrite (NOX)								1 routine (R		
Sampling Point (Sampling Point ID)				Monitoring		Collecti	ion Perio		ance Status	
ENTRY POINT (3)				1/1/19 - 12				Col	mplete	
				1/1/20 - 12						
	0.1			1/1/21 - 12						
	Oth	er C	ompliance							
Compliance Schedule Activity					e Date		Achieve	d Date		
CROSS CONNECTION SURVEY REPORT					1/2021					
	Public	Not	ification R	equiren	nents					
		C	ompliance	Notice	<u>Publi</u>	<u>ic Notifica</u>	<u>ition</u>	PN Cert	i <u>fication</u>	
Violation/Situation			Period	Tier	Requir		formed	Due to DPH	Received	
Physical Parameters M&R Violation			/19 - 9/30/19	3	1/28/20			2/7/2021		
Total Coliform M&R Violation			/19 - 9/30/19	3	1/28/20			2/7/2021		
Water S	ystem I	acili	ity and Sar	npling P	oint In	ventor	γ			
Water System Facility	Committee	Datas	Communities or Date			Total	Lead an			
System Water System Facility Facility ID	Sampling	Point	Sampling Poil Description	nı		Coliform Rule	Coppe Rule Ti		Stage WQP 2 DBPR	
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTION	JSYSTEM	Status A	Y	naie II	,, 13003003	Z DUFN	
DOWNSTREAM WITHIN 5 SE				A	•					
	UPSTRE		WITHIN 5 SER		A					
00700 ENTRY POINT	3		ENTRY POINT		Α					
	-		- ::							

Α

WELL

20230 WELL

	Water Quality	Monitoring and	d Con	npl	liance S	chedul	e	
PWS ID	PWS Name			Cla	ssification P	opulation	Owner Type	Primary Sour
CT0120074	BOLTON MOBIL				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercial	Industri	al Combine	ed Agricultur
129 BOSTON T	TURNPIKE	Connections			1			
Towns Served	: BOLTON							

Connecticut Department of Public Health Drinking Water Section

				Contact Ir	formation				
Name				Organizatio	on			Job Title	
Mr. Eric Harvey				Global Par	ners, Lp		Environmn	tl Proj Mgr	
Mailing Address Lin	e One		Mailing	Address Line Tw	0		City	State	Zip Code
15 Ne Industrial Roa	ad					Branford	t	СТ	06405
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
		203-488-3	3065	845-238-7354		eharvey	@globalp.cc	om	
Contact Role(s): Le	gal Contact, O)wner	,						
Name				Organizatio	on			Job Title	
Mr. Paresh Patel				Bolton Mo	bil		Manager		
Mailing Address Lin	e One		Mailing	Address Line Tw	0		City	State	Zip Code
129 Boston Turnpik	e					Bolton		СТ	06043
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
						rudra20	07patel@gn	nail.com	

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule

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	Co	onnectic	ut Depa	artmei	nt of	Public	Health	D	rinki	ing V	Wat	er Se	ection		
		Wat	ter Qua	ality M	onit	oring a	nd Con	np]	lianc	e Sc	hed	ule			
PWS ID	PW	/S Name						Cla	ssificati	ion Po	pulati	on Ow	ner Type	Primary	Source
CT012008		LTON NOTCH	PLAZA						NC		25		Р	G۷	
	· · · · · · · · · · · · · · · · · · ·	re applicable)				Service	Residen	tial	Comm		Indus	strial	Combine	d Agric	cultural
		PIKE (ROUTE 4	4)			Connection	15		1	L					
Towns Ser	ved: BOL	TON		2.0	•••		•								
Mater Sv	stom Fac	ility: DISTR	IRLITION 9			oring Red	quireme	nts	3						
Total Co			IDO HON S	STSTEIVI (VVSFI	D. 00000)						1 ro	utine (RT) ner ai	ıarter
		t (Sampling Po	oint ID)				Monitori	ng F	Period	Coll	ection	Period	=	liance S	
		entory of Acti		g Points			7/1/19 -							Complete	
		·	•	<u> </u>			10/1/19 -							complete	_
							1/1/20 -							•	
							4/1/20 -								
							7/1/20 -	9/3	0/20						
-		ers (PPS)										1 ro	utine (RT		
		t (Sampling Po					Monitori			Coll	ection	Period		liance S	
Selec	t from Inv	entory of Acti	ve Samplin	g Points			7/1/19 -							Complete	
							10/1/19 -						C	complete	j
							1/1/20 -								
							4/1/20 -								
\A/-16		'l'ı FAITD'	(DOINT /	AVCE ID A	0700\		7/1/20 -	9/3	30/20						
-		ility: ENTRY	POINT (WSF ID: U	0700)									DT\	
		te (NOX) t (Sampling Po	oint ID)				Monitori	na l	Pariod	Coll	action	Period	routine	(KT) pei <i>liance S</i>	-
_	RY POINT (יווני וטי				1/1/19 -			Com	ection	renou		Complete	
LIVII	(11 Ollvi)	3)					1/1/20 -							.ompiett	-
							1/1/21 -								
			Mater S	System	Eacili	ity and S			-	wont	tory				
14/estou			vvater 3	ysteili	aciii	ity and S	amping	PU	/IIIC II			a.d. a.u.a	,		
Water System	Water S	stem Facility		Samplina	Point	Sampling P	Point			Tota Colifor		ad and opper	1		Stage
Facility ID	_	, , , , , , , , , , , , , , , , , , , ,		ID		Description			Status	Rule			Asbesto	s WQP	_
00600	DISTRIBU	JTION SYSTEM		4		DISTRIBUTI	ON SYSTEM		A	Υ					
				DOWNST	REAM	WITHIN 5 S	ERVICE CO	N	Α						
				UPSTRE	AM	WITHIN 5 S	ERVICE CO	N	Α						
00700	ENTRY P	TNIC		3		ENTRY POI	NT		Α						
20231	WELL			2		WELL			Α						
					Con	tact Info	rmation)							
Name					0	rganization							Job Title		
Ms. Louise	e C. Engla	nd		,	M	eadowbrool	k Shopping	Cen	ter	(Owner	·			
Mailing Ad	ddress Lin	e One		Mailing A	ddres	s Line Two					City		State	Zip C	ode
P.O. Box 9	176	,				1				lton			СТ	060	43
Business	s Phone	Extension	Fax	(Mobi	le Phone	Emergency	Pho							
860-64			860-649				860-647-	041	0 Ice	ngland	l@sbc	global.r	net		
Contact R	ole(s): A	dministrative	Contact, O	wner											

C	Connectic							U			n	
	Wa	ter Qua	lity M	lonite	oring a	nd Con	np.	liance S	chedul	e		
PWS ID P	WS Name						Cla	ssification	Population	Owner Ty	pe P	rimary Source
CT0120084 B	OLTON NOTCH	PLAZA						NC	25	Р		GW
Local Address (wh	ere applicable)				Service	Resider	itial	Commercia	al Industri	al Coml	ined	Agricultural
661 BOSTON TURI	NPIKE (ROUTE 4	4)			Connection	IS		1				
Towns Served: BO	LTON									'		
Name				Or	ganization					Job	Γitle	
Mr. Wayne E. Eng	land			Во	lton Mounta	ain View, L	LC		Member			
Mailing Address Li	ne One		Mailing	Address	Line Two				City	Sta	te	Zip Code
81 Tumblebrook D	rive							Vernon		С	Γ	06066
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Pho	one Email A	ddress			
860-649-1320		860-649-	5202									
Contact Role(s):	egal Contact		<u>'</u>		"							

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Dep								
Water Qu	ality Monit	oring and		1				
PWS ID PWS Name					tion Po			Primary Source
CT0120104 BOLTON PROFESSIONAL B	LDG			NC		25	Р	GW
Local Address (where applicable)		Service	Resident	ial Com	mercial	Industrial	Combined	l Agricultural
921 BOSTON TURNPIKE		Connections			1			
Towns Served: BOLTON								
	Monito	oring Requ	iiremei	nts				
Water System Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Period	Coll	ection Perio	od Comp	iance Status
Select from Inventory of Active Sampli	ng Points		7/1/19 -	9/30/19			C	omplete
		:	10/1/19 -	12/31/19)		C	omplete
			1/1/20 -	3/31/20				
			4/1/20 -	6/30/20				
			7/1/20 -	9/30/20				
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Period	Coll	ection Perio	od Comp	iance Status
Select from Inventory of Active Sampli	ng Points		7/1/19 -	9/30/19			C	omplete
			10/1/19 -	12/31/19)		C	omplete
			1/1/20 -	3/31/20				
			4/1/20 -	6/30/20				
			7/1/20 -	9/30/20				
Water System Facility: ENTRY POINT	WSF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine (RT) per year
Sampling Point (Sampling Point ID)			Monitorii	ng Period	Coll	ection Perio	=	iance Status
ENTRY POINT (3)			1/1/19 - 1	12/31/19			C	omplete
			1/1/20 - 1	12/31/20				
			1/1/21 - 1	12/31/21				
			-/-/					
Water System Facility: WELL (WSF ID:	20233)		1,1,21					
Water System Facility: WELL (WSF ID: E. Coli (3014)	20233)		1,1,21			1 r	outine (RT)	per quarter
E. Coli (3014)	20233)				Colle	1 r ection Perio		per quarter
E. Coli (3014) Sampling Point (Sampling Point ID)	20233)		Monitorii 7/1/19 -	ng Period	Coll		od Comp	iance Status
E. Coli (3014)	20233)		Monitorii 7/1/19 -	ng Period 9/30/19			od Compl	•
E. Coli (3014) Sampling Point (Sampling Point ID)	20233)		<i>Monitorii</i> 7/1/19 - 10/1/19 -	n g Period 9/30/19 12/31/19			od Compl	iance Status omplete
E. Coli (3014) Sampling Point (Sampling Point ID)	20233)		Monitorii 7/1/19 -	ng Period 9/30/19 12/31/19 3/31/20			od Compl	iance Status omplete
E. Coli (3014) Sampling Point (Sampling Point ID)	20233)		Monitorii 7/1/19 - 10/1/19 - 1/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20			od Compl	iance Status omplete
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2)			Monitorii 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20		ection Perio	od Compl	iance Status omplete
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2)	20233) System Facili		Monitorii 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20		ection Perio	od Comple Co	iance Status omplete
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) Water		ty and Sar	Monitoria 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	nvent	ection Perio	Complete Com	iance Status omplete
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) Water	System Facili	ty and Sar	Monitoria 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	nvent Tota Colifor	tory Lead ar	Complete Com	omplete omplete
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) Water Water System Water System Facility	System Facili Sampling Point	ity and Sar	Monitoria 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point I	nvent Tota Colifor	tory Lead ar	Complete Com	iance Status complete complete Stage
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) Water Water System Water System Facility Facility ID	System Facili Sampling Point ID	sampling Poil Description DISTRIBUTION	Monitoria 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point I	nvent Tota Colifor	tory Lead ar	Complete Com	iance Status complete complete Stage
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) Water Water System Water System Facility Facility ID	System Facili Sampling Point ID 4	sampling Poil Description DISTRIBUTION	Monitoria 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling N SYSTEM EVICE CON	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point I	nvent Tota Colifor	tory Lead ar	Complete Com	iance Status complete complete Stage
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) Water Water System Water System Facility Facility ID	System Facili Sampling Point ID 4 DOWNSTREAM	Sampling Poil Description DISTRIBUTION WITHIN 5 SER	Monitoria 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling N SYSTEM VICE CON	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point I	nvent Tota Colifor	tory Lead ar	Complete Com	iance Status complete complete Stage
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) Water Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Poil Description DISTRIBUTION WITHIN 5 SER	Monitoria 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling N SYSTEM VICE CON	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point I	nvent Tota Colifor	tory Lead ar	Complete Com	iance Status complete complete Stage

CT0120104	BOLTON PROFESSIONAL BLDG	NC	25	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	е	
	Connecticut Department of Fublic Health	שוואווועוו	3 vvaler	Section	

Residential

Commercial

1

Industrial

Combined

Agricultural

Service

Connections

Connecticut Department of Public Health Drinking Water Section

921 BOSTON TURNPIKE
Towns Served: BOLTON

Local Address (where applicable)

				Con	tact Info	ormation				
Name				Or	rganization				Job Title	
Dr. Ronald Buckma	n			Вс	olton Profes	ssional Building		Owner		
Mailing Address Lin	e One		Mailing	Address	s Line Two			City	State	Zip Code
921 Boston Turnpik	e						Bolton		СТ	06043
Business Phone	Extension	Fax		Mobi	le Phone	Emergency Phone	Email Ad	ldress		
860-646-0649		860-643-7	7719				officema	ınager@fam	ilyandsportsı	medicine.com

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

С	onnectici Wat	ut Depar ter Quali										ection	
PWS ID PY	WS Name						Class	ificatio	n Po	pulation	Ow	ner Type	rimary Sour
	OLTON TOWN I	HALL						NC		25		L	GW
Local Address (who					Service	Residen	tial C	Comme	ercial	Industri	ial	Combined	d Agricultu
222 BOLTON CENT					Connection	S		1					
Towns Served: BOI	LTON										_		
			Mo	onit	oring Req	uireme	nts						
Water System Fa	cility: DISTR	IBUTION SYS	STEM (\	NSF I	D: 00600)								
Total Coliform ((3100)									1	l rou	ıtine (RT)	per quarte
Sampling Poi	nt (Sampling Po	oint ID)				Monitori	ng Pe	riod	Colle	ction Pe	riod	Comp	liance Statu
Select from In	ventory of Acti	ve Sampling P	oints			7/1/19 -	9/30/	/19	_			C	omplete
						10/1/19 -							omplete
						1/1/20 -						C	omplete
						4/1/20 -							
						7/1/20 -	9/30/	/20					
Physical Parame													per quarte
	nt (Sampling Po	-				Monitori			Colle	ction Pe	riod		liance Statu
Select from In	ventory of Acti	ve Sampling P	oints			7/1/19 -							omplete
						10/1/19 -							omplete
						1/1/20 -						С	omplete
						4/1/20 -							
						7/1/20 -	9/30/	/20					
Water System Fa	•	POINT (WS	SF ID: 00)700)									
Nitrate And Nitr	= =											=	RT) per yea
	nt (Sampling Po	oint ID)				Monitori			Colle	ction Pe	riod		liance Statu
ENTRY POINT	(3)					1/1/19 -							omplete
						1/1/20 -						C	omplete
						1/1/21 -	12/31	./21			_		
	,	Water Sys	stem F	acili	ity and Sa	mpling	Poi	nt Inv	vent	ory			
Water									Total		and		
	System Facility	Sa		Point	Sampling Po	oint		C	Colifor		-		Stag
Facility ID			ID		Description			tatus	Rule	Rule	Tier	Asbestos	WQP 2 DB
00600 DISTRIB	UTION SYSTEM		4		DISTRIBUTIO			Α	Υ				
					WITHIN 5 SE			Α					
			UPSTRE.	AM	WITHIN 5 SE		N	Α					
00700 ENTRY F	POINT		3		ENTRY POIN	Т		Α					
20234 WELL			2		WELL			Α					
				Con	tact Infor	mation)						
Name				Oı	rganization							Job Title	
Ms. Joyce Stille				To	own of Bolton	1			Т	own Adr	minis	trator	
Mailing Address Li	ne One	N	/lailing A	ddres	s Line Two					City		State	Zip Code
222 Bolton Center	Road							Bolt	on			СТ	06043
Business Phone	Extension	Fax		Mobi	le Phone I	Emergency	Phon	e Ema	il Add	ress			
860-649-8066	115	860-643-00)21			860-213-	9012	joyc	e.stille	@bolto	nct.o	rg	
Contact Role(s): L	egal Contact												

C	Officetic	ut Depa	i tille	IIC OI	1 ubiic	iicaitii	וועו	1117111	5 vvacci	Section	L	
	Wat	ter Qua	lity M	onit	oring a	nd Con	nplia	ince S	Schedu	le		
PWS ID P	WS Name						Classi	fication	Population	Owner Typ	e Pr	rimary Source
CT0120114 B	OLTON TOWN	HALL					ľ	IC	25	L		GW
Local Address (who	ere applicable)				Service	Residen	ntial Co	ommerci	ial Industr	ial Combi	ned	Agricultural
222 BOLTON CENT	ER ROAD				Connection	IS		1				
Towns Served: BO	LTON					·			·	·		
Name				Or	ganization					Job Ti	tle	
Mr. John Butrymo	vich			To	wn of Bolto	n			Sup. Bldg	s. & Grds.		
Mailing Address Li	ne One		Mailing /	Address	s Line Two				City	State	5	Zip Code
222 Bolton Center	Road							Bolton		СТ		06043
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	y Phone	Email /	Address	·		
860-649-8066		860-643-0	0021			860-649	-8066	john.b	utrymovich	@boltonct.o	rg	
Contact Role(s): 4	Administrative (Contact										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

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End of schedule

	Connecticut Dep	artment of	f Public H	lealth	Drin	king \	Water	· Se	ction	
	•	ality Monit								
PWS ID	PWS Name	<u>J</u>	0					_	er Type F	Primary Source
CT0120154	FISH FAMILY FARM				NC	,	41		Р	GW
Local Address	(where applicable)		Service	Residenti	al Con	nmercial	Industr	ial	Combined	Agricultural
20 DIMOCK LA	NE		Connections						3	
Towns Served:	BOLTON				,					
		Monito	oring Requ	ıiremen	its					
Water Systen	n Facility: DISTRIBUTION S									
Total Colifor	m (3100)							1 rou	utine (RT) per month
Sampling	Point (Sampling Point ID)			Monitorin	g Perio	d Coll	lection Pe	eriod	Comp	liance Status
Select fro	m Inventory of Active Samplin	g Points		10/1/19 - 1	10/31/1	9			C	omplete
				5/1/20 - 5	5/31/20)				
				6/1/20 - 6	5/30/20					
				7/1/20 - 7	7/31/20					
				8/1/20 - 8						
				9/1/20 - 9	9/30/20					
Physical Para	ameters (PPS)							1 rou	-) per month
Sampling	Point (Sampling Point ID)			Monitorin	g Perio	d Coll	lection Pe	eriod	Comp	liance Status
DISTRIBU	TION SYSTEM (4)			10/1/19 - 1	10/31/1	.9 1	10/1-10/3	0	C	omplete
				5/1/20 - 5	5/31/20)				
				6/1/20 - 6	5/30/20)				
				7/1/20 - 7	7/31/20	1				
				8/1/20 - 8						
				9/1/20 - 9	9/30/20)				
Water Systen	r Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1 ו	routine (RT) per year
Sampling	Point (Sampling Point ID)			Monitorin	g Perio	d Coll	lection Pe	eriod	Comp	liance Status
ENTRY PC	DINT (3)			1/1/19 - 1	2/31/19	9			C	omplete
				1/1/20 - 1	2/31/20)				
				1/1/21 - 1	2/31/22	1				
		Other C	ompliance	Schedu	ıles					
Compliance Sc	hedule Activity			D	ue Date	?	Achie	eved L	Date	
L1 ASSESSMEN	T FORM SUBMITTAL			10,	/18/201	18				
L1 ASSESSMEN	T (MULTIPLE TC+)			10,	/18/201	18				
	Water 9	System Facili	ity and Sar	mpling I	Point		=			
Water	ton Contain Footlite	Commuttee or Defect	Communities on David	a		Tota				
System War	ter System Facility	Sampling Point ID	Sampling Poil Description	nt	.	Colifo us Rul	-	-	Ashestos	Stage WQP 2 DBPR
	FRIBUTION SYSTEM	4	DISTRIBUTION	U CVCTENA	Stat A	<u>us Kur</u> Y	e Kule	riei	ASDESTOS	WQF Z DDFK
00600 DIS	I KIBU HUN SYSTEM	DOWNSTREAM				Y				
		UPSTREAM	WITHIN 5 SER		Α					
00700 541	DV DOINT				Α					
00700 ENT	RY POINT	2	ENTRY POINT WELL		Α Λ					
20230 VVE					A					
			tact Inform	mation						
Name			rganization						Job Title	
Mr. Donald W			sh Family Farm	Inc.	1		Owner			
Mailing Addres	ss Line One	Mailing Addres	s Line Two				City		State	Zip Code

(Connectic	ut Depa	rtment o	f Public	Health	n Drii	nking	Water	Section	
	Wa	ter Qua	lity Moni	toring a	nd Cor	nplia	nce S	chedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0120154	FISH FAMILY FAI	RM				N	С	41	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
20 DIMOCK LANE				Connectio	ns				3	
Towns Served: BC	OLTON					'			1	
10 Dimock Lane							Bolton		СТ	06043
Business Phone	Extension	Fax	Mob	ile Phone	Emergenc	y Phone	Email A	ddress		
860-871-1400		860-870-	8337				fishreal	ty@snet.ne	et	
Contact Role(s):	Legal Contact, (Owner								
Name			C	Organization					Job Titl	е
Mr. Evan J Cosset	tte		V	Vater Boy, LL	_C			Chief Ope	rator	
Mailing Address L	ine One		Mailing Addre	ss Line Two				City	State	Zip Code
Water Boy, LLC			70 Comstock 1	rail			East Ha	mpton	СТ	06424
Business Phone	Extension	Fax	Mob	ile Phone	Emergenc	y Phone	Email A	ddress		
203-314-9343							waterb	oyllc@iclou	d.com	
Contact Role(s):	Administrative	Contact	1.							

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End of schedule

	Connecticut Departm Water Quality I					_			ection	
DIA/C ID		widilitoring and	u Con						T D	····· C-····
PWS ID	PWS Name			Clas	NC	ı Po	pulation 25	OWI	P P	rimary Sourc
CT0120174	GEORGINAS PIZZA (where applicable)	Service	Residen	+ial	Commer	oial	Industria	al .	Combined	
275 BOSTON		Connections	Residen	lidi		Cidi	muustna	31	Combined	Agricultura
Towns Served		connections			1					
TOWIIS Served			•							
Water Syste	m Facility: DISTRIBUTION SYSTEM	Monitoring Requ	ııreme	nts						
Total Colifo		(4431 12.00000)					1	rou	ıtine (RT)	per quartei
Sampling	g Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compl	iance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -	9/30	0/19				Co	mplete
			10/1/19 -	12/3	31/19				Co	mplete
			1/1/20 -	3/3:	1/20					
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/30	0/20					
Physical Par	rameters (PPS)						1	rou	itine (RT)	per quartei
Sampling	g Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compl	iance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -	9/30	0/19				Co	mplete
			10/1/19 -	12/3	31/19				Cc	mplete
			1/1/20 -	3/3:	1/20					
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Water Syste	m Facility: ENTRY POINT (WSF ID:	: 00700)								
Nitrate (10	40)						1	rou	itine (RT)	per quartei
Sampling	g Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compl	iance Status
ENTRY P	OINT (3)		7/1/19 -	9/30	0/19				Cc	mplete
		;	10/1/19 -	12/	31/19				Co	mplete
			1/1/20 -	3/3	1/20					
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Nitrate And	Nitrite (NOX)							1	routine (F	RT) per yeaı
Sampling	g Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compl	iance Status
ENTRY P	OINT (3)		1/1/19 -	12/3	1/19				Co	mplete
			1/1/20 -	12/3	1/20					
			1/1/21 -	12/3	1/21					
	0	ther Compliance	Sched	lule	es					
Compliance S	chedule Activity			Due	Date		Achie	ved	Date	
CROSS CONNI	ECTION SURVEY REPORT			3/1/	2012					
CROSS CONNI	ECTION SURVEY REPORT			3/1/	2014					
CROSS CONNI	ECTION SURVEY REPORT			3/1/	2015					
CROSS CONNI	ECTION SURVEY REPORT			3/1/	2016					
CROSS CONNI	ECTION SURVEY REPORT			3/1/:	2017					
CROSS CONNI	ECTION SURVEY REPORT			3/1/:	2018					
CROSS CONNI	ECTION SURVEY REPORT			3/1/	2019					
CROSS CONNI	ECTION SURVEY REPORT			3/1/:	2020					
	Water Systen	n Facility and Sar	npling	Po	int Inv	ent	orv			
Water			1 0			Total		and		
	ater System Facility Sampli	ng Point Sampling Poi	nt				т Сорр			Stage

		To man o obil o	- Dave		of Dulalia	IIaalel	Dadi	م مدندا م	- XA70+0-	Coation	
	(Connectic	*					_			
		Wat	ter Qual	lity Mo	nitoring a	ınd Cor	nplia	ince S	Schedul	le	
PWS ID	P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT012017	4 (SEORGINAS PIZZ	'A				N	IC	25	Р	GW
Local Addı	ress (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	d Agricultural
275 BOST	ON TUR	NPIKE			Connectio	ns		1			
Towns Ser	ved: BC	LTON									
Facility ID				ID	Descriptio	n	Sto	atus R	ule Rule	Tier Asbesto	S WQP 2 DBPR
00600	DISTRII	BUTION SYSTEM		4	DISTRIBUT	ION SYSTEN	/1	A	Υ		
				DOWNSTRE	AM WITHIN 5	SERVICE CO	N .	A			
				UPSTREA	M WITHIN 5	SERVICE CO	N .	Α			
00700	ENTRY	POINT		3	ENTRY PO	INT		A			
20240	WELL			2	WELL			A			
				C	Contact Info	ormatio	า				
Name					Organization					Job Title	
Mr. Georg	e Kouto	ouzis			Georgina's Pi	zza Restaura	ant		Owner		
Mailing Ac	ldress L	ine One		Mailing Add	dress Line Two				City	State	Zip Code
275 Bosto	n Turnp	ike						Bolton		СТ	06043
Business	Phone	Extension	Fax	N	Mobile Phone	Emergenc	y Phone	Email A	Address		
860-647	7-0345							nickkoı	utouzis@gm	nail.com	
Contact Ro	ole(s):	Administrative	Contact, Leg	al Contact,	Owner						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectici Wat	*		of Public			U					
PWS ID	PWS Name					Classif	ication F	opula	tion O	wner Type	Primary	Source
CT0120184	HERRICK PARK					N	IC	29		Р	GV	V
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	l Ind	ustrial	Combine	ed Agric	cultural
29 HEBRON ROA	D			Connection	ons		1					
Towns Served: B	OLTON							_				
			Moi	nitoring Re	quireme	nts						
Water System F	acility: DISTR	IBUTION SYS	TEM (W	SF ID: 00600)								
Total Coliform	(3100)								1 rc	outine (RT) per qu	arter
	oint (Sampling Po	-			Monitori			llectio	n Perio	d Com	oliance S	tatus
Select from	Inventory of Acti	ve Sampling Po	ints		7/1/19 -						Complete	
					10/1/19 -						Complete	
					1/1/20 -					(Complete	,
					4/1/20 -							
					7/1/20 -	9/30/2	20					
Physical Paran							_			outine (RT		
	oint (Sampling Po		_		Monitori			llectio	n Perio	_	oliance S	
Select from	Inventory of Acti	ve Sampling Po	oints		7/1/19 -						Complete	
					10/1/19 -						Complete	
					1/1/20 -					(Complete	<u>,</u>
					4/1/20 -							
		, DONE /140		201	7/1/20 -	9/30/2	20					
Water System I	•	POINT (WS	F ID: 007	00)							/\	
Nitrate And Ni	= =									1 routine		-
	oint (Sampling Po	oint ID)			Monitori	_		llectio	n Perio	_	oliance S	
ENTRY POIN	IT (3)				1/1/19 -						Complete	
					1/1/20 -						Complete	ž
					1/1/21 -							
		Water Sys	tem Fa	cility and S	Sampling	Poin	t Inver	ntory	'			
Water							Tot		ead an			
	System Facility	Sa		oint Sampling			Colif		Coppe			Stage
Facility ID			ID	Description			itus Ru		Kuie III	er Asbesto	s WQP	2 DBPK
00600 DISTR	IBUTION SYSTEM		4		FION SYSTEM		A Y					
				AM WITHIN 5			Α					
00700 FNTD	/ DOINT		JPSTREAM		SERVICE COI		Α					
	/ POINT		3	ENTRY PO	IIN I		Α					
20241 WELL			2	WELL			A					
			C	Contact Info	ormation							
Name				Organization						Job Title	9	
Ms. Joyce Stille				Town of Bolt	on			Town	n Admir	nistrator		
Mailing Address		M	ailing Add	dress Line Two				City	'	State	Zip Co	
222 Bolton Cente							Bolton			СТ	060	43
Business Phone		Fax		1obile Phone	Emergency							
860-649-8066		860-643-002	21		860-213-	9012	joyce.sti	lle@b	oltonct	.org		
Contact Role(s):	Legal Contact											

C	Omiccuc	ut Depa	I tillel	10 01	1 ubiic	iicaitii	וועו	1117111	5 vvacci	Sect	1011	
	Wat	ter Qua	lity M	onit	oring a	nd Con	nplia	ance S	Schedu	le		
PWS ID P	WS Name						Classi	fication	Population	Owner	Type P	Primary Source
CT0120184 H	ERRICK PARK							۱C	29	Р		GW
Local Address (wh	ere applicable)				Service	Residen	ntial C	ommerci	mmercial Industri		mbined	d Agricultural
29 HEBRON ROAD			Connection	IS		1	1					
Towns Served: BO	LTON					,	,					
Name				Oı	rganization					Jo	b Title	
Mr. John Butrymo	vich			Tc	own of Bolto	n			Sup. Bldg	s. & Grds	S.	
Mailing Address Li	ne One		Mailing A	Address	s Line Two				City	S	tate	Zip Code
222 Bolton Center	Road							Bolton			СТ	06043
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email /	Address			
860-649-8066		860-643-0	0021			860-649	-8066	john.b	n.butrymovich@boltonct.org			
Contact Role(s):	Administrative (Contact			,							

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Сс		•		of Public			•	_			ection	
		Wa	ter Qua	lity Mon	itoring a	ınd Con	npli	ance	Sch	edul	e		
PWS ID	PW	'S Name					Class	sification	Popu	lation	Owi	ner Type Pi	rimary Source
CT0120294	I SAI	NT MAURICE	CHURCH W	ELL# 2				NC	3	37		Р	GW
Local Addre		e applicable)			Service Connection	Residen	tial (Commerc 2	ial II	ndustria	al	Combined	Agricultural
Towns Serv	ved: BOLT	ON											
				Mon	itoring Re	auireme	nts						
Water Sys	stem Fac	ility: DISTR	IBUTION S	YSTEM (WS		9							
Total Coli	iform (3	100)								1	rou	ıtine (RT)	per quarter
Samp	ling Point	t (Sampling P	oint ID)			Monitori	ing Pe	eriod C	Collect	ion Per	iod	Compli	ance Status
Select	from Inv	entory of Act	ive Sampling	Points		7/1/19 -	9/30,	/19				Со	mplete
						10/1/19 -	12/3	1/19				Co	mplete
						1/1/20 -	3/31,	/20				Со	mplete
						4/1/20 -	6/30,	/20					
						7/1/20 -	9/30,	/20					
Physical F	Paramet	ers (PPS)								1	rοι	utine (RT)	per quarter
Samp	ling Point	t (Sampling P	oint ID)			Monitori	ing Pe	eriod C	Collect	ion Per	riod	Compli	ance Status
Select	from Inv	entory of Act	ive Sampling	Points		7/1/19 -	9/30,	/19				Co	mplete
						10/1/19 -	12/3	1/19				Со	mplete
						1/1/20 -	3/31,	/20				Со	mplete
						4/1/20 -	6/30,	/20					
						7/1/20 -	9/30,	/20					
Water Sys	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 0070	0)								
Nitrate A											1	-	T) per year
Samp	ling Point	t (Sampling P	oint ID)			Monitori	ing Pe	eriod (Collect	ion Per	riod	Compli	ance Status
ENTR	Y POINT (3)				1/1/19 -	12/31	L/19				Со	mplete
						1/1/20 -	12/31	L/20				Со	mplete
						1/1/21 -							
			Water S	ystem Fac	ility and S	Sampling	Pou	nt Inve	ento				
Water System Facility ID	Water Sy	stem Facility		Sampling Poi	nt Sampling Descriptio		S	Col	otal liform Rule		er		Stage WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	l	Α	Υ				
				DOWNSTREA	M WITHIN 5	SERVICE COI	N	Α					
				UPSTREAM	WITHIN 5	SERVICE COI	N	Α					
00700	ENTRY PO	DINT		3	ENTRY PO	INT		Α					
20252	WELL			2	WELL #2			Α					
55561	TREATME	ENT SYSTEM											
55563	BLADDER	TANK WX-25	51										
				Co	ntact Info	ormation)						
Name					Organization							Job Title	
Father Leo	n Susaim	anickam			Saint Maurice	e Church			Re	v Fathe	r		
Mailing Ad	dress Line	e One		Mailing Addr	ess Line Two				С	ity		State	Zip Code
32 Hebron	Road							Bolton	1			СТ	06043
Business	Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phon	ne Email	Addre	!SS			
860-643	3-4466							saintm	nauric	echurch	nbol	ton@gmail.	.com
Contact Do	do/s). As	lun in intention	Contact Los	ral Contact O									

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

						I .			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0120294	SAINT MAURICE CHUI	RCH WE	LL# 2			NC	37	Р	GW
Local Address (w	here applicable)			Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
32 HEBRON ROA	ND			Connections		2			

Towns Served: BOLTON

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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С	onnectic	ut Depa	rtme	ent of	f Public	Health	Drin	nking	Water	Se	ction	
	Wa	ter Qua	lity N	I onit	toring a	and Con	nplia	nce S	chedul	e		
PWS ID PV	WS Name										er Type P	rimary Source
CT0120354 TH	REE JS CAFE						N	C	25		Р	GW
Local Address (whe	ere applicable)				Service	Resider	ntial Co	mmercial	Industria	al	Combined	Agricultural
124 BOSTON TURN	PIKE				Connectio	ons		1				
Towns Served: BOL	TON											
			ı	Monit	oring Re	quireme	nts					
Water System Fa	cility: DISTR	RIBUTION S	YSTEM	(WSF I	D: 00600)							
Total Coliform (3100)								1	rou	tine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)				Monitor	ing Peri	od Col	lection Per	iod	Compli	ance Status
Select from In	ventory of Act	ive Sampling	Points			7/1/19	- 9/30/1	9			Co	mplete
						10/1/19	- 12/31/	'19 [—]			Co	mplete
						1/1/20	- 3/31/2	.0				
						4/1/20	- 6/30/2	.0				
						7/1/20	- 9/30/2	0				
Physical Parame	ters (PPS)								1	rou	tine (RT)	per quarter
Sampling Poir		Point ID)				Monitor	ing Peri	od Col	lection Per			ance Status
Select from In			Points			7/1/19						mplete
	•	, ,	<u> </u>			10/1/19						mplete
						1/1/20						<u> </u>
						4/1/20						
						7/1/20						
Water System Fa	cility: FNTR	Y POINT (V	VSE ID:	00700)		7, 2, 20	3,30,2					
Nitrate And Nitr	•	110 (1	101 101	00700						1,	outing (F	T) per year
Sampling Poir	• •	Ogint ID)				Monitor	ina Pari	od Co	lection Per		-	ance Status
ENTRY POINT		onic ibj				1/1/19 -			iection rei	iou		mplete
LIVINI FOINT	(3)					1/1/19 -						inpiete
						1/1/20 -						
		14 / 11 1 C		F . '1					•			
		Water S	ystem	Facil	ity and S	sampling	Poin					
Water			C !!:-		C	Detet		Tot				-
*	ystem Facility	'		ig Point D	Sampling Descriptio			Colife			Ashastas	Stage
Facility ID	LITIONI CVCTEN	4						tus Ru		rier	ASDESIOS	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM			4		TON SYSTEM		4 Ү				
						SERVICE CO		Α .				
00705 5:::				REAM		SERVICE CO		A				
00700 ENTRY P	POINT			3	ENTRY PO	INT		4				
20258 WELL			- 7	2	WELL		ŀ	4				
55694 PRESSUI	RE STORAGE											
				Con	ntact Info	ormation	1					
Name				0	rganization						Job Title	
Mr. Christopher M	orianos				<u> </u>							
Mailing Address Lir			Mailing	Addres	s Line Two				City		State	Zip Code
124 Boston Turnpil				,				Bolton	1		CT	06043
Business Phone	Extension	Fax		Moh	ile Phone	Emergency	v Phone		ldress		.	
860-649-4684	2.10101011	860-649-	4684			860-983		musky@				
200 045 4004		200 045	.00-			300 303	JJ 2-T	asky@				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0120354	THREE JS CAFE				NC	25	Р	GW
Local Address (w	here applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
124 BOSTON TU	RNPIKE		Connections		1			

Towns Served: BOLTON

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Connecticut Departmen							
Water Quality Me	onitoring and						
PWS ID PWS Name		(Classificatio	on Pop	ulation O	wner Type Pr	imary Source
CT0120374 UNITED METHODIST CHURCH			NC		35	Р	GW
Local Address (where applicable)	Service	Residenti	al Comme	ercial	Industrial	Combined	Agricultural
1041 BOSTON TURNPIKE	Connections		1				
Towns Served: BOLTON							
M	onitoring Requ	iiremen	ts				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Coliform (3100)					1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collec	tion Perio	d Complic	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	/30/19	_		Cor	mplete
		1/1/20 - 3	3/31/20				
		4/1/20 - 6	5/30/20				
		7/1/20 - 9	/30/20				
Total Coliform (3100)					3	repeat (RP)	per period
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collec	ction Perio	d Complic	ance Status
Select from Inventory of Active Sampling Points		9/10/19 - 9	9/15/19			Cor	mplete
Total Coliform (3100)				3 ter	mporary i	routine (TR)	per month
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collec	tion Perio	d Complic	ance Status
Select from Inventory of Active Sampling Points	-	10/1/19 - 1	.0/31/19			Cor	mplete
Physical Parameters (PPS)					1 re	outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collec	tion Perio	d Complic	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	/30/19			Cor	mplete
		10/1/19 - 1	.2/31/19			Cor	mplete
		1/1/20 - 3					
		4/1/20 - 6	• •				
		7/1/20 - 9	/30/20				
Water System Facility: ENTRY POINT (WSF ID: 00	0700)						
Nitrate And Nitrite (NOX)						1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collec	tion Perio	d Complic	ance Status
ENTRY POINT (3)		1/1/19 - 1				Cor	mplete
		1/1/20 - 1					
		1/1/21 - 1	2/31/21				
Water System Facility: WELL (WSF ID: 20260)							
E. Coli (3014)					1 tri	ggered (TG)	-
Sampling Point (Sampling Point ID)		Monitorin	_	Collec	tion Perio	d Complic	ance Status
WELL (2)		9/9/19 - 9	/15/19			Cor	mplete
Public	Notification R	equirer	nents				
	Compliance	Notice		<u>c Notifi</u>		PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Require		erformed	Due to DPH	Received
Total Coliform M&R Violation	7/1/14 - 9/30/14	2	12/21/20			12/31/2014	
Physical Parameters M&R Violation	7/1/14 - 9/30/14	3	11/21/20			12/1/2015	
Water System I	acility and Sar	npling F	Point In		ory		
Water	Daint Course!	4		Total	Lead an		
System Water System Facility Sampling Facility ID ID	Point Sampling Point Description	nt		Coliforn Rule		r er Asbestos	Stage
		I CVCTEN 4	Status ^		nuie III	EI MONESTOS	WUR ZUDPK
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	N DIDIEIVI	Α	Υ			

	Water Quality Monit	oring an	d Con	npliance	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120374	UNITED METHODIST CHURCH			NC	35	Р	GW
Local Address (where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural
1041 BOSTON	TURNPIKE	Connections		1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

	Water System Facility and Sampling Point Inventory											
Water					Total	Lead and						
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility IE		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20260	WELL	2	WELL	Α								
		Cor	ntact Information									
Name		0	rganization				Job Title					
Ms. Mario	on B. Knight	В	olton United Methodist Ch	urch	Tru	stee Chair						
Mailing A	ddress Line One	Mailing Addres	s Line Two		Ci	ty	State	Zip C	Code			
1041 Bost	ton Turnpike			Во	lton		СТ	060)43			

Emergency Phone Email Address

860-742-9420

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Business Phone

860-643-5287

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

Schedule Generation Date: 3/10/2020

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	Cararaaatia	t Dama		f D., lali a	II a a l 4 la F	\:	ا مدادا	Makar	Cook	Li o 10	
	Connectic	•								llon	
	Wa	ter Qua	lity Moni	toring a	ınd Comp	olia	nce So	chedul	e		
PWS ID	PWS Name				Cl	assifi	cation P	opulation	Owner	Type P	rimary Source
CT0120384	60 VILLA LOUISA	A - VILLA LOU	IISA/ROSSITTO	S		N	С	25	Р		GW
Local Address (w	here applicable)			Service	Residentia	I Cor	mmercial	Industria	l Co	mbined	Agricultural
60 VILLA LOUISA	ROAD			Connectio	ns		1				
Towns Served: B	OLTON										
			Monit	oring Re	quirement	ts					
Water System	Facility: DISTR	RIBUTION SY	STEM (WSF	ID: 00600)							
Total Coliform	(3100)							1	routir	ne (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)			Monitoring	Perio	od Col	lection Per			ance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9/	30/19	9			Со	mplete
					10/1/19 - 12	2/31/2	19			Co	mplete
					1/1/20 - 3/	31/20	0				
					4/1/20 - 6/	30/20	0				
					7/1/20 - 9/	'30/20	0				
Physical Paran											per quarter
	oint (Sampling P				Monitoring			lection Per	iod		ance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9/	-					mplete
					10/1/19 - 12					Со	mplete
					1/1/20 - 3/						
					4/1/20 - 6/	-					
					7/1/20 - 9/	30/20)				
Water System	•	IIVIENI PLA	NI (WSFID:	00700)							
Nitrate And N	• •									=	T) per year
	oint (Sampling P	oint ID)			Monitoring			lection Per	ioa		ance Status
ENTRY POIN	NI (3)				1/1/19 - 12					Co	mplete
					1/1/20 - 12						
					1/1/21 - 12						
		water Sy	ystem Facil	lity and S	ampling P	oınt	Inven				
Water			Carrandina na Dadas	. C	Detet		Tota				
System Wate Facility ID	r System Facility	•	Sampling Point ID	Description Description			Colife Rul			chectoc	Stage WQP 2 DBPR
	IBUTION SYSTEM	1	4		ION SYSTEM	Stat A	LUS		iici A.	3003103	WQI Z DDI K
00000 015110	IIDOTION SISTEN		DOWNSTREAM			A					
			UPSTREAM		SERVICE CON	A					
00700 TREA	TMENT PLANT		3	ENTRY POI		Α					
20261 WELL			2	WELL 1	· · · ·	A					
56126 WELL			2	WELL 2		^					
	SURE TANK			WLLL Z			-				
1125			Cor	ntact Info	ormation						
Name					Ji illa LIUII				1-	b Title	
Name Mr. Asim Etem				Organization anquets				Administra		אט וונופ	
Mailing Address	Line One		Mailing Addres	•				City		State	Zip Code
60 Villa Louisa Ro			Triuming Addites	33 EITIC I WU			Bolton	City	,	CT	06043
Business Phone		Fax	Moh	ile Phone	Emergency Ph			dress		CI	00043
860-646-3161		Tux	14100	c i none	-mer Berney 11	.0110	an Au	<u></u>			
Contact Role(s):		Contact. Leg	al Contact								

	Connectic	ut Depa	rtment o	f Public	Health	Dri	nking	g water	Sec	ction		
	Wat	ter Qual	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owne	er Type	Prima	ary Source
CT0120384	60 VILLA LOUISA	- VILLA LOU	ISA/ROSSITTO	ITTOS			IC	25		Р		GW
Local Address (w	here applicable)			Service	Residen	itial Co	mmerci	al Industri	al C	ombine	d A	gricultural
60 VILLA LOUISA	ROAD			Connection	ıs		1					
Towns Served: B	OLTON			·								
Name			C)rganization					J	lob Title	9	
60 Villa Louisa Ro	oad LLC											
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zij	p Code
60 Villa Louisa Ro	I						Bolton			CT	C	06106
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address				
Contact Role(s):	Owner											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monito				C	,			
PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source	
CT0120504 BOLTON SHELL NC 30 P GW									
Local Address (where applicable) Service Reside					Commercia	al Industri	al Combine	ed Agricultural	

262 BOSTON TURNPIKE	Connections		1		
Towns Served: BOLTON				·	
Mor	nitoring Requ	uirement	S		
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)				
Total Coliform (3100)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	30/19		Complete
		10/1/19 - 10	/31/19		Complete
Total Coliform (3100)				1 r	outine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		1/1/20 - 1/3	31/20		Complete
		2/1/20 - 2/2	29/20		Complete
		3/1/20 - 3/3	31/20		
		4/1/20 - 4/3	30/20		
		5/1/20 - 5/3	31/20		
		6/1/20 - 6/3	30/20		
		7/1/20 - 7/3	31/20		
		8/1/20 - 8/3	31/20		
		9/1/20 - 9/3	30/20		
Total Coliform (3100)				3	repeat (RP) per period
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		10/23/19 - 10	0/28/19		Complete
		11/26/19 - 1	2/1/19		Complete
		11/26/19 - 1	2/1/19		Complete
		11/26/19 - 1	2/1/19		Complete
		12/17/19 - 12	2/22/19		Complete
		12/17/19 - 12	2/22/19		Complete
		12/17/19 - 12	2/22/19		Complete
		1/14/20 - 1/	19/20		
Total Coliform (3100)				3 temporary r	outine (TR) per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		11/1/19 - 11	/30/19		Complete
		12/1/19 - 12	/31/19		Complete
Physical Parameters (PPS)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	30/19		Complete
		10/1/19 - 12	/31/19		Complete
Physical Parameters (PPS)				1 r	outine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
DISTRIBUTION (4)		1/1/20 - 1/3	31/20		Complete
		2/1/20 - 2/2	29/20		Complete
		3/1/20 - 3/3	31/20		
		4/1/20 - 4/3	30/20		
		5/1/20 - 5/3	31/20		

Connecticut Dep	artment of	Public Health I	Drink	ing Water	Section
Water Ou	ality Monit	oring and Com	oliano	e Schedule	9
PWS ID PWS Name	<u>J</u>		lassificati		Owner Type Primary Source
CT0120504 BOLTON SHELL			NC	30	P GW
Local Address (where applicable)		Service Residentia	al Comm	nercial Industrial	Combined Agricultural
262 BOSTON TURNPIKE		Connections	1	L	
Towns Served: BOLTON					
	Monito	oring Requiremen	ts		
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)			
Physical Parameters (PPS)				1	routine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Peri	od Compliance Status
		6/1/20 - 6	/30/20		
		7/1/20 - 7	/31/20		
		8/1/20 - 8	/31/20		
		9/1/20 - 9	/30/20		
Water System Facility: ENTRY POINT	(WSF ID: 00700)				
Nitrate And Nitrite (NOX)					1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Peri	od Compliance Status
ENTRY POINT (3)		1/1/19 - 12	2/31/19		Complete
		1/1/20 - 12			
		1/1/21 - 12	2/31/21		
Water System Facility: WELL 1 (WSF I	D: 49166)				
E. Coli (3014)				1 tı	riggered (TG) per period
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Peri	od Compliance Status
WELL 1 (2)		10/22/19 - 1	10/28/19		Complete
		11/25/19 -	12/1/19		Complete
		11/25/19 -	12/1/19		Complete
		11/25/19 -	12/1/19		Complete
		12/16/19 - 1	12/22/19		Complete
		12/16/19 - 1	12/22/19		Complete
		12/16/19 - 1	12/22/19		Complete
		1/13/20 - 1	1/19/20		
	Other C	ompliance Schedu	les		
Compliance Schedule Activity		Du	ie Date	Achiev	ed Date
RESPOND TO SANITARY SURVEY		3/	7/2020		
Water	System Facili	ity and Sampling P	oint Ir	nventory	
Water				Total Lead a	nd
System Water System Facility	Sampling Point	Sampling Point		Coliform Coppe	er Stage
Facility ID	ID	Description	Status	Rule Rule T	ier Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α		
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
	UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700 ENTRY POINT	3	ENTRY POINT	Α		
49166 WELL 1	2	WELL 1	Α		

54098

TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Class	sification	Population	Owner Type	Primary Source					
T0120504	BOLTON SHELL			NC	30	Р	GW					
ocal Address (w	here applicable)	Residen	itial (Commercia	al Industria	al Combine	ed Agricultural					

1

Connections

Connecticut Department of Public Health Drinking Water Section

262 BOSTON TURNPIKE Towns Served: BOLTON

Contact Information												
Name				Organization	ı	Job Title						
Mr. Anthony Bonito)		Bolton Gulf									
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code			
262 Boston Turnpik	e					Bolton		СТ	06043			
Business Phone Extension Fax		М	obile Phone	Emergency Phone	Email Ad	dress						
860-944-6491					860-944-6491							

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic	ut Depa	ırtme	nt of	f Public	Health	Dri	nkin	g Wa	ater	Se	ction		
			ter Qua							_					
PWS ID	PW	S Name	Constant Constant										er Type I	Primary	Source
CT0121044	SAI	NT MAURICE	CHURCH W	ELL# 1				N	1C	2	25		Р	G۷	V
Local Addre	ss (wher	e applicable)				Service	Resident	tial Co	ommerc	ial In	dustri	al	Combined	Agric	cultural
32 HEBRON	ROAD					Connectio	ns		1						
Towns Serve	ed: BOLT	ON													
W/-1		U. DICTE	NEUTION C				quireme	nts							
•			RIBUTION S	YSTEIVI	(WSF I	D: 00600)									
Total Colif	-	100) : (Sampling F	Point ID)				Monitorii	na Bori	iod (Collecti			tine (RT)	per qu <i>liance S</i>	
_			ive Sampling	Points			7/1/19 -			Jonecu	ion rei	iiou		omplete	
Select	1101111111	entory of Act	ive Jamping	, 1 011113			10/1/19 -							omplete	
							1/1/20 -							omplete	
							4/1/20 -							1. 230	
							7/1/20 -								
Physical P	aramet	ers (PPS)									1	. rou	tine (RT)	per qu	arter
Sampli	ing Point	(Sampling F	Point ID)				Monitori	ng Peri	iod (Collecti	ion Pe	riod	Comp	liance S	tatus
Select	from Inv	entory of Act	ive Sampling	Points			7/1/19 -						С	omplete	9
							10/1/19 -							omplete	
							1/1/20 -						С	omplete	9
							4/1/20 -								
							7/1/20 -	9/30/2	20						
•		•	Y POINT (V	VSF ID: (00700)										
Nitrate An		• •	Doint ID)				Manitari	na Dau	ind (Collecti	ion Do		routine (-
	POINT (3	: (Sampling F	יטוחנ וטן				<i>Monitorii</i> 1/1/19 - 1			Jonecu	ion Pei	rioa		liance S omplete	
LINTIXI	FOINT (7)					1/1/20 - 3							omplete	
							1/1/21 - :							ompiete	
			Water S	vstam	Facil	ity and S	ampling			nto	r\/				
Water			water 5	ystein	I acii	ity and 3	amping	FUIII		otal	Lead	and			
	Nater Sv	stem Facility	,	Samplin	a Point	Sampling I	Point			otai liform	Cop				Stage
Facility ID	•	,		IE		Description		Sto		Rule			Asbestos		_
00600	DISTRIBU	TION SYSTEN	Л	4		DISTRIBUT	ION SYSTEM		A	Υ					
				DOWNS	TREAM	WITHIN 5 S	SERVICE CON	Ι.	Α						
				UPSTR	REAM	WITHIN 5	SERVICE CON	Ι.	Α						
00700 E	NTRY PC	DINT		3		ENTRY POI	NT	·	Α						
55553 V	WELL #1			2		WELL #1			A						
55565 F	HYDROPI	NUEMATIC TA	ANKS												
					Con	itact Info	rmation								
Name					0	rganization							Job Title		
Father Leon	Susaim	anickam			Sa	aint Maurice	Church			Rev	[,] Fathe	r			
Mailing Add	lress Line	One		Mailing	Addres	s Line Two				Ci	ty		State	Zip Co	ode
32 Hebron F	Road								Boltor	1			CT	060	43
Business F	Phone	Extension	Fax		Mobi	ile Phone	Emergency	Phone							
860-643-	4466								saintn	naurice	echurc	hbolt	on@gma	l.com	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

						I .			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0121044	SAINT MAURICE CHUI	RCH WE	LL# 1			NC	25	Р	GW
Local Address (where applicable)			Service	Resider	ntial Commer	cial Industri	al Combine	ed Agricultural	
32 HEBRON ROAD		Connections		1					

Towns Served: BOLTON

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	nartment of	Public H	lealth I	rinki	inσ W	later S	ection	
		iality Monit						ccion	
PWS ID	PWS Name	ianty Monit	oring and					mor Typo Pr	imary Source
CT0121064		ΡΙ Δ7Δ			NC		25	P	GW
	ess (where applicable)	ILACA	Service	Residentia			ndustrial	Combined	Agricultural
	N TURNPIKE		Connections	residentia	5		1144361141	Combined	7 igriculturur
	red: BOLTON								
		Monito	oring Requ	iremen	ts				
Water Sys	tem Facility: DISTRIBUTION								
Total Coli	form (3100)						1 ro	utine (RT) p	er quarter
Sampl	ling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ince Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9,	/30/19			Cor	nplete
				10/1/19 - 1	2/31/19			Cor	mplete
				1/1/20 - 3,	/31/20			Cor	mplete
				4/1/20 - 6,					
				7/1/20 - 9,	/30/20				
-	Parameters (PPS)							utine (RT) p	-
	ling Point (Sampling Point ID)			Monitoring		Collec	tion Period		ince Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9,	-				nplete
			-	10/1/19 - 1					nplete
				1/1/20 - 3, 4/1/20 - 6,				Cor	nplete
				7/1/20 - 9,					
Mater Sys	tem Facility: ENTRY POINT	(\MSE ID: 00700)		7/1/20 - 9/	730/20				
Nitrate (•	(4431 15.00700)					1 ro	utine (RT) p	er quarter
_	ling Point (Sampling Point ID)			Monitoring	n Period	Collec	tion Period		ince Status
	POINT (3)			7/1/19 - 9,					nplete
	(0)			10/1/19 - 1:					nplete
				1/1/20 - 3					nplete
				4/1/20 - 6					•
				7/1/20 - 9	/30/20				
Nitrite (1	.041)						1	routine (R	T) per year
Sampl	ling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Period	Complic	ince Status
ENTRY	POINT (3)			1/1/19 - 12	2/31/19			Cor	mplete
				1/1/20 - 12	2/31/20			Cor	nplete
				1/1/21 - 12					
		Other Co	ompliance						
-	e Schedule Activity				ie Date		Achieved	Date	
CROSS CON	INECTION SURVEY REPORT				1/2020				
	Water	System Facili	ty and Sar	npling P	oint Ir	rvento	ry		
Water						Total	Lead and	1	_
System Facility ID	Water System Facility	Sampling Point ID	Sampling Poil Description	nt	_	Coliform Rule		r Achaetae	Stage WQP 2 DBPR
-	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA	<u>Status</u> A	Y	העוצ וופו	ASDESTOS	WUT Z DDYK
00000	DISTRIBUTION STSTEIVI	DOWNSTREAM			A	ī			
		UPSTREAM	WITHIN 5 SER		A				
00700	ENTRY POINT	3	ENTRY POINT		A				
	WELL 1	2	WELL 1		A				
2,000									

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0121064	299 BOSTON TURNPIKE - PLAZA				NC	25	Р	GW			
Local Address	Local Address (where applicable)		Service Reside		Commerci	al Industri	al Combine	ed Agricultural			
299 BOSTON T	Connections			5							
Towns Served:	BOLTON										

Connecticut Department of Public Health Drinking Water Section

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification:DISTRIBUTION SYSTEMCertificationOperator NameOperator TypeCertification(s)ExpirationKLOBUKOWSKI, STEVEN J.CHIEF OPERATORWATER TREATMENT PLANT OPERATOR - CLASS IV6/30/2022DISTRIBUTION SYSTEM OPERATOR - CLASS III6/30/2020

Contact Information											
Name		Organization	1	Job Title							
Mr. Lawrence Fiand)										
Mailing Address Line One Mailing Addr				dress Line Two	ress Line Two			State	Zip Code		
266 Boston Turnpik	266 Boston Turnpike					Bolton		СТ	06040		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address					
860-649-5371			860-649-5371								

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

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	Connecticut Departmen			_				
	Water Quality M	onitoring and		1				
PWS ID	PWS Name		(wner Type Pr		
CT0121084	OUR PLACE RESTAURANT			NC	30	Р	GW	
	where applicable)	Service	Residenti	al Commerci	al Industrial	Combined	Agricultural	
180 WEST STRE		Connections		1				
Towns Served:	BOLTON							
	M	Ionitoring Requ	iremen	its				
Water System	Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)						
Total Colifor	m (3100)				1 r	outine (RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitorin	g Period C	ollection Perio	od Complic	ance Status	
Select from	m Inventory of Active Sampling Points		7/1/19 - 9)/30/19		Cor	nplete	
		-	10/1/19 - 1	2/31/19		Cor	nplete	
			1/1/20 - 3	3/31/20				
			4/1/20 - 6	5/30/20				
			7/1/20 - 9	9/30/20				
Physical Para	ameters (PPS)				1 r	outine (RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitorin	g Period C	ollection Perio	od Complic	ance Status	
Select from	m Inventory of Active Sampling Points		7/1/19 - 9)/30/19		Cor	mplete	
		-	10/1/19 - 1		Complete			
			1/1/20 - 3					
			4/1/20 - 6	5/30/20				
			7/1/20 - 9	9/30/20				
Water System	n Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate And I	Nitrite (NOX)					1 routine (R	T) per year	
Sampling	Point (Sampling Point ID)		Monitorin	ollection Perio	iod Compliance Status			
ENTRY PO	INT (3)		1/1/19 - 1	Complete				
			1/1/20 - 1					
			1/1/21 - 12/31/21					
	Monthly Water System	Facility (WSF) L	evel M	onitoring	Requirem	ents		
Water System	n Facility: ENTRY POINT (WSFID: 00				•			
Analyte	Monitoring Requirement (-	Opera	ating Limit		Samples Re	g/Month	
pH	Entry Point pH Monitoring		-	num: 7.0 PH		. 4		
Start Date:		•	nce Histor	'Y: On	erating Limit	Monitor	ing	
		Monitor	ing Period	-	mpliance Stat		nce Status:	
		10/1/20:	19 - 10/31,			-		
			19 - 11/30,					
			 19 - 12/31,					
) - 1/31/20					
) - 2/29/20					
	Public	c Notification R	eauirer	nents				
	. 3011	Compliance	Notice		otification	PN Certi	ification	
Violation/Situa	ation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform		7/1/15 - 9/30/15	2	1/10/2016	. c.ysiiiicu	1/20/2016		
pH M&R Violat		8/1/15 - 8/31/15	3	10/25/2016		11/4/2016		
•	eters M&R Violation	7/1/15 - 9/30/15	3	12/10/2016		12/20/2016		
pH M&R Violat		9/1/15 - 9/30/15	3	12/17/2016		12/27/2016		
	trite M&R Violation	1/1/15 - 12/31/15	2	5/3/2017		5/13/2017		
		, , = , ==, ==	<u> </u>	, -,		, -,		

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0121084	OUR PLACE RESTAURANT			NC	30	Р	GW
Local Address (where applicable)	Service	Residen	itial Commerc	ial Industri	al Combin	ed Agricultural
180 WEST STRE	FT	Connections		1			

Towns Served: BOLTON

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
59695	WELL 1	2	WELL 1	Α								
59699	TREATMENT PLANT			·	·	·	·					

Contact Information											
Name			Organization				Job Title				
Ms. Luisa Parreira											
Mailing Address Line One				Mailing Address Line Two			City	State	Zip Code		
97 French Rd						Bolton		СТ	06043		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	·			
860-646-6398											

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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End of schedule

	Connecticut Dep	artment of	Public l	Health D	rinkin	g W	ater S	ection	
	Water Qua	ality Monit	oring an	nd Comp	liance	Sch	edule		
PWS ID	PWS Name			Cla	ssification	Popu	lation Ow	vner Type I	Primary Source
CT0121094	BOLTON COSMETIC & FAM	IILY DENTISTRY			NC	2	25	Р	GW
Local Address (where applicable)		Service	Residential	Commerc	cial In	ndustrial	Combine	d Agricultural
1100 BOSTON T	TURNPIKE		Connections	5				1	
Towns Served:	BOLTON					'		1	,
		Monito	oring Req	uirements	5				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliforn	n (3100)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring I	Period	Collect	ion Period	d Comp	liance Status
Select from	n Inventory of Active Samplir	ng Points		7/1/19 - 9/3	30/19			С	omplete
				10/1/19 - 12/	/31/19			С	omplete
				1/1/20 - 3/3	31/20				
				4/1/20 - 6/3	30/20				
				7/1/20 - 9/3	30/20				
Physical Para	meters (PPS)						1 ro	utine (RT)	per quarter
	Point (Sampling Point ID)			Monitoring I	Period	Collect	ion Period		liance Status
DISTRIBUT	TON (4)			7/1/19 - 9/3	30/19			C	omplete
				10/1/19 - 12/	/31/19			С	omplete
				1/1/20 - 3/3	31/20				
				4/1/20 - 6/3					
				7/1/20 - 9/3					
Water System	Facility: ENTRY POINT	WSF ID: 00700)		.,					
Nitrate And N	,	,					1	l routine (RT) per year
	Point (Sampling Point ID)			Monitoring I	Period	Collect	ion Period	=	liance Status
ENTRY PO			1/1/19 - 12/31/19						omplete
	(0)			1/1/20 - 12/3					о р .осо
				1/1/21 - 12/3					
	Water	System Facili	itv and Sa		·	ento	rv		
Water						Total	Lead and	1	
	er System Facility	Sampling Point	Sampling Po	oint		liform	Copper		Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	N	Α	Υ			
		DOWNSTREAM	5 SERVICE CO	ONNECTION	Α	Υ			
		UPSTREAM	5 SERVICE CO	ONNECTION	Α	Υ			
00700 ENTI	RY POINT	3	ENTRY POIN	Т	Α				
61047 WEL	L 1	2	WELL 1		Α				
		Con	tact Infor	mation					
Name		Or	rganization					Job Title	
Dr. Cristina Ilie	 S			c & Family De	nt	Ow	ner		
Mailing Address		Mailing Address		,			ty	State	Zip Code
921 Boston Tur		Suite C			Bolto		•	СТ	06043
Business Pho			le Phone E	mergency Pho			SS		
860-646-300				860-920-239			oo.com		
Contact Role(s)	: Administrative Contact, Lo	egal Contact, Own	ner			•			
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Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

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PWS ID	PWS Name					Classificat	ion	Population	Owner Type	Primary Source
CT0121094	BOLTON COSMETIC &	FAMILY	DENTISTRY			NC		25	Р	GW
Local Address (w	Local Address (where applicable)		Service	Residen	tial Commerci		l Industri	al Combine	ed Agricultural	
1100 BOSTON TURNPIKE		Connections					1			
Towns Served: E	BOLTON									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule